

PERIODIC HISTORY AND REPORT OF OMSEP EXAMINATION

1. LAST Name, First Name, Middle Initial:	2. Grade/Rate/Rank:	3. SSN:	4. Date of Exam:
5. Home Address (apt#,Street#, street name, city, state, zip):	6. Work/duty phone:	7. Unit Name and location (city & state):	
	8. Home phone:	9. Unit OPFAC#:	10. Unit Zip Code:
11. Examining facility name & location (City & State):	12. Date of Last OMSEP Exam:	13. Present Exposure Protocols:	
Review each section of the last CG 5447 (History and Report of OMSEP Examination). If there has been any changes to any section please list the item and how it has changed.			
Section I. OCCUPATIONAL HISTORY			
COMMENTS:			<input type="checkbox"/> No Change
Section II. FAMILY HISTORY			
COMMENTS:			<input type="checkbox"/> No Change
Section III. SOCIAL HISTORY			
COMMENTS:			<input type="checkbox"/> No change
Section IV. PERSONAL HEALTH HISTORY			
COMMENTS:			<input type="checkbox"/> No Change
OCCUPATIONAL EXPOSURE			
COMMENTS:			<input type="checkbox"/> No Change
HEALTH CARE PROVIDER REVIEW			
RECOMMENDATIONS:		Lab Results Reviewed	Initial <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div>
		X-ray Results Reviewed	
		Other:	
Health Care Provider, (<i>print or type</i>):	Health Care Provider Signature:	Date:	